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APPLICANTS

James O. Jensen, Sunnyvale, CA;
 Paul Q. Escudero, Sunnyvale, CA;
 Reynaldo J. Quintana, Sunnyvale, CA;
 Charles E. Swinehart, Sunnyvale, CA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Crockett & Crockett
 Suite 400
 24012 Calle De La Plata
 Laguna Hills, CA92653

TITLE

LIGHTWEIGHT ELECTRO-MECHANICAL CHEST COMPRESSION DEVICE

FILING FEE RECEIVED 867	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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